

03 - 24-05

IPW/3738



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of: Jan Eirik Ellingsen *et al.*

Serial No.: 10/010,140

Filed: December 6, 2001

For: MEDICAL PROSTHETIC DEVICES AND IMPLANTS
HAVING IMPROVED BIOCOMPATIBILITY

Attorney Docket No.: AWZ-003

Group Art Unit: 3738

Examiner: David J. Isabella

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**REQUEST FOR WITHDRAWAL OF
ERRONEOUS NOTICE OF ABANDONMENT**

Dear Sir:

A Notice of Abandonment was mailed from the PTO on February 23, 2005, indicating that Applicants failed to timely file a reply to the Final Office Action mailed on January 23, 2004. Applicants filed an Amendment and Response, Request for Continued Examination and a concurrent Five-Month Extension of Time on February 22, 2005. Copies of the Express Mail Label and postcard, date-stamped by the PTO, are also enclosed to verify the submission.

It is respectfully requested that the erroneously-issued Notice of Abandonment be withdrawn and that the application be revived. If a telephone conversation with Applicants' Attorney would be useful, please call me at (617) 227-7400.

Respectfully submitted,

Cynthia M. Soroos
Registration No. 53,623
Attorney for Applicants

LAHIVE & COCKFIELD, LLP
28 State Street
Boston, MA 02109
Tel. (617) 227-7400
Date: March 22, 2005



MAR 22 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/010140-Conf. #4761
		Filing Date	December 6, 2001
		First Named Inventor	Staale Petter LYNGSTADAAS
		Art Unit	3738
		Examiner Name	D. J. Isabella
Total Number of Pages in This Submission	3	Attorney Docket Number	AWZ-003

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal of Erroneous Notice of Abandonment (1 page); Certificate of Express Mail (1 page); Copies of date-stamped Express Mail Receipt and return postcard (2 pages); Return Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Cynthia M. Soroos		
Date	March 22, 2005	Reg. No.	53,623

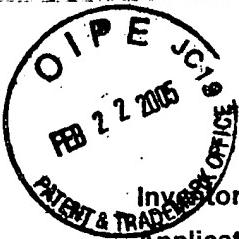
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. eV 466 144 289 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 22, 2005

Signature:

(Cynthia M. Soroos)

Atty Docket No.: AWZ-003RCE



Investor: Jan Eirik ELLINGSEN et al.

Application No.: 10/010140-Conf. #4761

Filing Date: December 6, 2001

Title: MEDICAL PROSTHETIC DEVICES AND IMPLANTS HAVING IMPROVED BIOCOMPATIBILITY

Documents Filed:

Request for Continued Examination Transmittal (1 page)

Amendment and Response (9 pages)

Five Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Fee Transmittal (1 page) in duplicate

Return Receipt Postcard

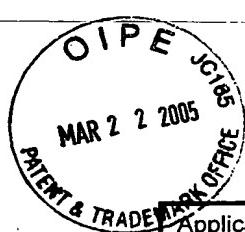
Charge \$1,975.00 to deposit account 12-0080

Via: Express Mail: Airbill No. EV 466 144 156 US

Sender's Initials: CMS/EAH/bjj

Date: February 22, 2005

BEST AVAILABLE COPY



Application No. (if known): 10/010140

Attorney Docket No.: AWZ-003

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV 466 144 289 US in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on March 22, 2005
Date

Signature

Cynthia M. Soroos

Typed or printed name of person signing Certificate

53,623 (617) 227-7400
Registration Number, if applicable Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal (1 page)
Request for Withdrawal of Erroneous Notice of Abandonment (1 page)
Date-stamped copies of Express Mail Label and Return Postcard (2 pages)
Return Receipt Postcard



EV 466144156 US

MAR 2 2 2005



ORIGIN (POSTAL USE ONLY)

PO ZIP <i>02205</i>	Day of Delivery: <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In <i>Mo. 7 Day 72 Year</i>	Postage <i>\$ 13.60</i>	
Time In <i>AM 9:55</i>	12 Noon <input type="checkbox"/> 3 PM <input type="checkbox"/>	Return Receipt Fee <input type="checkbox"/>
Weight <i>lbs. 3.6 ozs.</i>	Int'l Alpha Country Code <i>MD</i>	COD Fee <input type="checkbox"/> <i>\$ 0.00</i>
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials <i>MD</i>	Total Postage & Fees <i>\$ 13.60</i>

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No. **X022061**



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		

WAIVER OF SIGNATURE (Domestic Only) Additional merchandise may be delivered if a waiver of signature is requested. I wish delivery to be made without a signature by my addressee or addressee's agent (if delivery employee judges this article will be taken at location) and I authorize that delivery employee's signature can be valid proof of delivery.

NO DELIVERY Weekend Holiday Add. Info

Federal Agency Acct. No. or
Postal Service Acct. No.

TO: (PLEASE PRINT)

PHONE

MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



PRESS HARD.
You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com

AWZ-003RCE

BEST AVAILABLE COPY